Division of Emergency Medical Services 3 Capitol Hill, Providence, RI 02908-5097 Tel (401)222-2401

ADVISORY NOTICE

No. 08-002

SUBJECT: CMS Signature Requirement Changes

ISSUED: 10 January 2008

The Center for Medicare and Medicaid Services (CMS) recently released new billing requirements with respect to obtaining patient signatures. This has a significant impact on reimbursement for emergency ambulance services and we have prepared the following brief summary for the convenience of all Rhode Island EMS providers. All services that bill Medicare should consult their billing staff to ensure compliance and prevent denied or delayed reimbursement.

Medicare presently requires providers to obtain a patient signature for all services for which a claim will be submitted to Medicare. When a patient is unable to sign, Medicare accepts a signature from one of five alternates: a legal relative; a relative who receives Social Security or other benefits on the patient's behalf; a relative or other person that arranges healthcare for the patient; a representative of another healthcare entity that did not furnish care in the ambulance transport (but that has furnished care to the patient); or, a representative of a provider or nonparticipating hospital. During an emergency, however, a patient may often be physically or mentally incapable of signing the Assignment of Benefits (AOB) form and none of the five alternates are likely to be available. In such cases, Medicare has historically accepted a signature from the EMS provider instead.

New CMS requirements (effective January 1, 2008) now require the EMS provider to submit three forms of documentation when a patient or an accepted alternate cannot sign:

1. A signed, contemporaneous statement from an employee of the ambulance service, present during the transport, documenting that the patient was physically or mentally incapable of signing and that no other authorized signers were available or willing to sign; ***and***
2. Documentation with the date and time the patient was transported, and the name and location of the receiving facility; ***and***
3. One of the following:
    A. A signed, contemporaneous statement from a representative of the receiving facility, which documents the name of the patient and the date and time the patient was received by that facility; ***or***
    B. A "secondary form of verification," obtained at a later date, but prior to submitting the claim to Medicare, which may include:
        i. A hospital representative signature on the ambulance trip report;
        ii. The hospital registration/admissions sheet;
        iii. The patient medical record; or
        iv. "Other internal hospital records."

This requirement applies only to emergency transport -- for non-emergency transport, a signature is still required from the beneficiary or authorized signer prior to submitting the Medicare claim.

Additional information may be obtained from Medicare's web site at http://www.cms.hhs.gov or by calling 1-800-MEDICARE. We are providing this summary only as a convenience to Rhode Island EMS services; any questions or comments should be directed to Medicare. This document should not be interpreted as legal advice and consultation with legal counsel is recommended as needed.